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ABSTRACT

This report covers the first 5 months of a project to design and organize for implementation a Comprehensive Health Service Program Model within the Camden, New York, Central School District. Development activities included a survey of area school nurses, assessment of current operations, development of philosophy, a project overview with objectives, and the writing of a mission statement. Recommendations for staffing and physician recruitment, management, the maintenance of standards, orientation of staff, and program evaluation were made. Other activities centered on formation of an advisory health council and a student health recordkeeping system plan including computerization of student records. This part of the program was primarily developmental, with implementation planned for the next three years. Appendices include a program proposal, study of school nurses in Central New York, personnel recommendations, position statement on the use of school nurse-teachers, forms, and a bibliography. (KC)

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DEVELOPING A DISTRICT-WIDE COMPREHENSIVE SCHOOL HEALTH PROGRAM

FINAL REPORT

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Camden, New York 13316

July 22, 1988

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FOREWORD

The need to move toward a comprehensive health service program in the Camden Central School District has been fully recognized by the Board of Education and the Administrative Cabinet. This report describes the design and planning within the first phase of a long-term effort to develop and implement such a program. Through the work of this project a program model has been designed, initial staffing and bedgeting has been established and installation procedures devised. Implementation of the model is to be coordinated with the building program which will take place over the next three years.

A number of people have contributed to the initial work of the project. As Chairman of the Board Health Committee, Cecelia Taylor, RN, PhD., has been instrumental in initiating the project and has been directly involved in its continuing progress as have all Board of Education members. The Superintendent of Schools, Richard McClements, Ed.D., and his able administrative staff have also worked cooperatively with the Consultant in supplying information and resources during the planning stages of the project.

M.L. Park, RN, Ed.D.
Educational Consultant

ABSTRACT

Author: Mary Lou Park, RN, Ed.D.

Title: Developing A District-Wide Comprehensive School Health Program

Institution: Camden Central School District
Camden, New York 13316

Year: 1988

The purpose of this project was to design, and organize for implementation a Comprehensive Health Service Program Model within the Camden Central School District. Implementation of this program is to improve and extend the delivery of health wellness, prevention and protection to the district students. The task of implementing, evaluating and refining the Health Service is planned as a three year project, contingent upon the building referendum (approved 1988), budgetary planning and resource acquisition. Activities reported include a survey of area school nurses, assessment of current operations, development of philosophy, the project overview with objectives and mission statement. Recommendations for staffing and physician recruitment, management, the maintenance of standards, orientation of staff and program evalaution are presented. Formation of an advisory health council is discussed. A student health recordkeeping system plan including computerization of student records is reported. This paper covers the first five months of activity and is concerned primarily with the planning and design phases of the total project, however, progress on each of twelve objectives is detailed.

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INTRODUCTION

The purpose of this project is to design, and organize for implementation a fully-functioning, comprehensive Health Service Program within the Camden Central School District. Implementation of this program will improve and extend the delivery of health wellness, prevention and protection to the students served by this district. The knowledge gained in the process of developing the program can be made available to others, serving as a model and guide to districts planning similar ventures.

The task of implementing, evaluating and refining the Health Service is planned as a three year project, a time line based upon the building referendum recently (1988) approved for the District, budgetary planning and resource acquisition.

Among the major activities of the project accomplished from January 25th, 1988 to the end of June, 1988 were: researching the literature, surveying area school nurses, assessing the present Health Service operation and resources, assessing the community health resources, developing philosophy, goals and objectives for the project, and interviewing physicians and administrators relating to the school service at the county, local and school levels. The two local school nurses were interviewed formally and informally many times. State Education Department and local Board of Education policies were assembled and reviewed and along with a Guideline for Emergency Health Care written by the author and approved by the Chief Physician were compiled into a School Manual I. A School Health Procedure Manual II has also been developed for use by the nursing staff. Both manuals have been placed in the Board Library and each of the six school health rooms. A departmental

budget for '88-89 has been done and staffing recommendations were made to the School Board. Job descriptions for Director, school nurse-teacher, school nurse, medical assistant/secretary, and liaison worker were written. All activities are directed toward assimilation into the program model and the management system, therefore, it was essential to develop inventory lists, a recordkeeping system and a plan to incorporate computer capabilities into the service.

This report covers the first five months of activity and is concerned primarily with the planning and design phases of the total project. Where deemed helpful, forms and statements, descriptions and reports have been included in the Appendix.

As part of the introduction, the Mission Statement formulated for the Health Service is included on the next page (Fig. 1). It was written to intertwine with the District's Mission Statement which resolves to provide an equitable and a quality education to all students. By itself, it speaks to the goals for the Health Service Program.

PROJECT OVERVIEW AND OBJECTIVES:

A group of broad objectives had been identified in the course of developing the project proposal (see Appendix A) and planning. As the project itself got under way, these statements were refined into twelve objectives.

1. To design an innovative district-wide comprehensive health service with mission statement, goals and objectives.

2. To determine the components of the health service program organization and integrate the components into a related and integrated functioning unit.

3. To develop an organizational management framework accompanied by staff job descriptions.

4. To construct standard policies and procedures for the delivery of health services by staff.

FIGURE I

CAMDEN CENTRAL SCHOOL DISTRICT

COMPREHENSIVE HEALTH SERVICES MISSION STATEMENT

SUBJECT: MISSION STATEMENT EFFECTIVE DATE: 4/11/88

WHEREAS: the Camden Central School District has resolved to provide an equitable and a quality education to all students, and

WHEREAS: this delegated goal involves the most effective and efficient teaching-learning process, and

WHEREAS: a child's ability to learn is greatly influenced by his health status, and

WHEREAS: a school health service can uniquely impact on the total health status and educational development of the school aged child, and

WHEREAS: as the result of these services the quality of education as well as the quality of life for the student is enhanced, and

WHEREAS: such a goal mandates a supportive and comprehensive health service in order to maintain and promote for all students a healthy body and mind so that instructional goals can be met; therefore it is

RESOLVED, the Mission of the Camden Central School District's Comprehensive Health Service shall be:

All students shall have their health-related needs addressed by the School District Health Service through health assessment and intervention, health education and counseling, and be it

FURTHER RESOLVED, that the District School Board and Administration members delegate to the Health Service team the responsibility for providing the optimum in health services within the school setting, and to maintain, promote and improve quality school health services, and be it

FURTHER RESOLVED, that continuous assessment procedures be conducted for evaluation purposes so that the program continues to support the Health Service and School District's goals for an equitable and a quality education.

5. To organize existing State Education Department regulations and local educational health-related policies into a Standard Operational Manual,

6. To develop and implement a record-keeping system which utilizes computer capabilities, stresses confidentiality of records, the legal aspects of practice and the generation of statistical data,

7. To assist faculty in developing health related curriculum and in the delivery of health instruction,

8. To identify and deliver inservice instruction to include the orientation of new health service staff,

9. To plan and organize an effective and efficient physical plant at each building, new or remodeled, for health care delivery,

10. To develop a public information delivery system for the selection, construction and distribution of printed materials, articles, newsletters and other health information printed information,

11. To organize and maintain a Health Program Advisory Council composed of school, community, parent and student members,

12. To develop and implement a program evaluation component.

A status report evaluating the accomplishment of the twelve objectives at the present time is contained in the summary on page 27.

INITIAL ASSESSMENT:

First assessment of internal and external operations, resources and operations was on-going for approximately seven to eight weeks. Basic to the project proposal (Appendix A) and the program model is the sense that a health service program, wherever located, must be a cooperative effort. So, in the interest of establishing communication and enlisting the attention and cooperation of private and public agencies, physicians and school personnel, the author visited and interviewed a large number of persons. This attempt to establish linkages will need to continue.

Needs and concerns first reported to the Board of Education five (5) weeks into the assessment were as follows:

° Program policies and procedures are incomplete; some are out-dated;

and written standards of care for the service are lacking.

- Space for health care is inadequate, equipment is minimal and old, with most needing to be refurbished or replaced.
- Staffing is dangerously low with but two school nurses for 2800 pupils located in six widely dispersed buildings.
- The program has no clerical support which compromises the record-keeping system. Principals ask for increased contact between home and school nurse. No social worker or liaison worker is employed by the district. The support system is lacking.
- Coverage for the nurse when out of a building is supplied by secretarial persons. The high school athletic trainer assists there in emergency situations.
- Principals state a need for a full-time nurse in each building every day, and for a school nurse-teacher who can enter the classroom and can assist in teaching the AIDS and K-6 health curriculum.
- There is a question concerning the thoroughness of the physical examination, the follow-up of cited conditions and the lack of feedback from referrals to outside physicians and agencies.
- The two school nurses complete mandatory vision, hearing and scoliosis screening; physical examinations get done annually, but they have little or no time to do health teaching, blood pressure and other screenings, counseling, etc.
- The documentation system is legally inadequate, charting on pupil records is minimal and records are not kept in a confidential style. Daily logs of accidents and injuries are not kept in every school, therefore, important data is not documented on permanent records.

The above scenario was not unique to Camden Central. Most if not all of the surrounding districts were struggling with the same situations as the school nurses indicated in the survey conducted by the author in March of the project year (Appendix B). Only when the assessment information was assembled, indicating what was in and not in place, could the model be constructed and an ideal, Utopian plan formulated.

PROGRAM ORGANIZATION:

A first step toward building a model was to determine what mandates the State Education Department required the District to perform. Up-to-date regulations were secured from Albany and reviewed. A next step was to determine what policies had been developed by the local Board of Education

and to identify department compliance to the local policies. Figure II portrays the minimum of what should be in place within a comprehensive health service. Those programs on the circle were in place to some degree. In the Camden situation, those programs outside the circle were not receiving that which they require. Strategies to strengthen these programs grams are underway. One resource which will help is the Drug Free School and Community Act Grant secured from Federal Funds through the State Education Department. It will begin in September, 1988, and is an early attempt to institute substance abuse programs. It is anticipated that the program will build into other projects for youths at risk as well as compliment the state mandated K-12 health education curriculum.

Desirable school-based components of a comprehensive school health service are displayed in Figure III. The school health professional staff are central to the program core and have the closest pupil contact for health matters. All other groups have a decreasing amount of pupil contact, and their location within a ring indicates by the distance from the circle's core their status within the system. However, note that all circles are "interrupted" or broken which indicates that any one group can cross lines and interact with another group at any level.

Figure IV, illustrates the articulations between the members of the community health team, parents and the representatives of the educational agencies of the district to the health team. Referrals are regularly made to all groups such as the Lions Club for glasses, Department of Public Health for immunizations, Planned Parenthood, Mental Health, Orthopods for a multitude of reasons. The location of Camden in the farthest western corner of Oneida County, some twenty to twenty-five miles from the two closest cities

FIGURE II

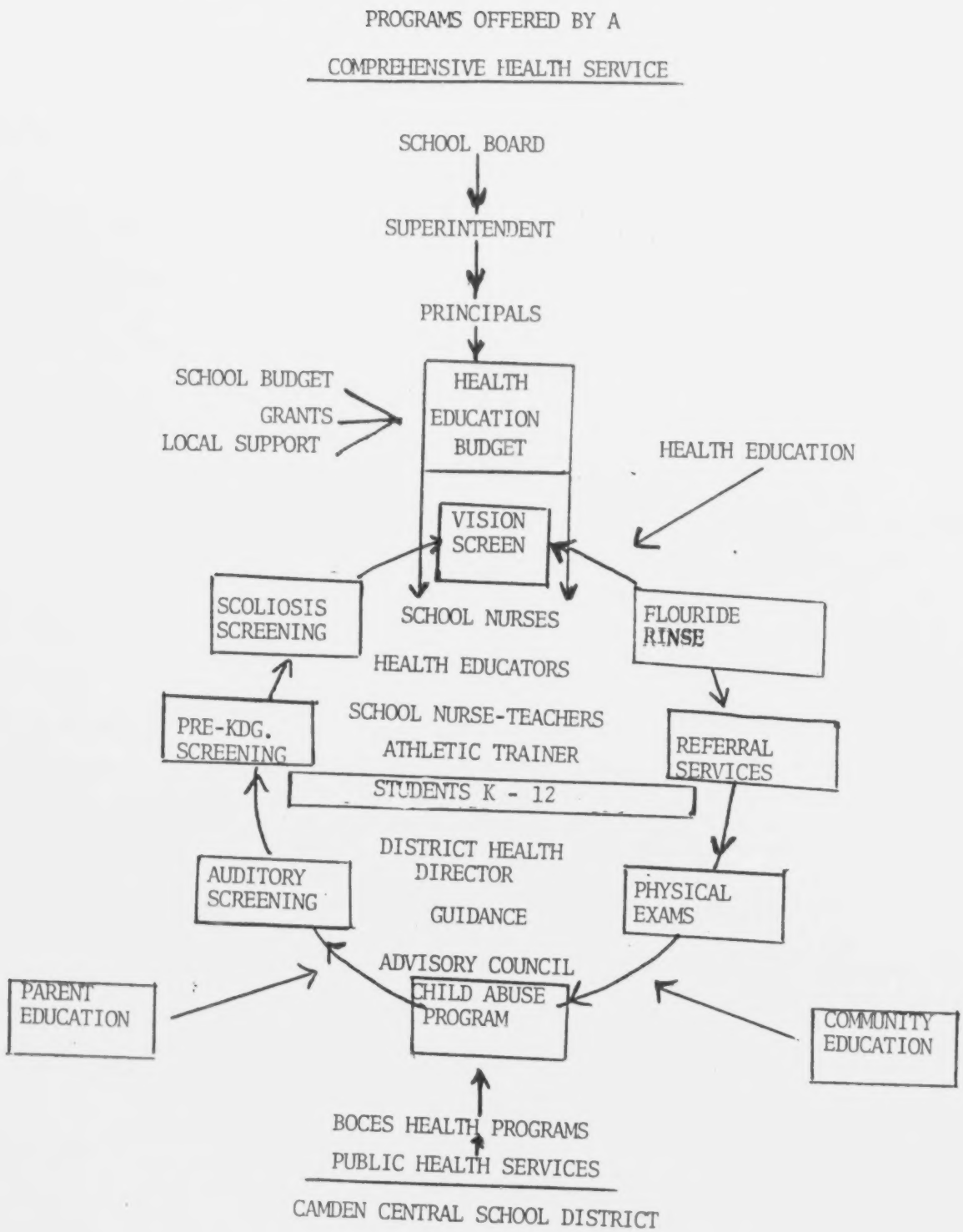
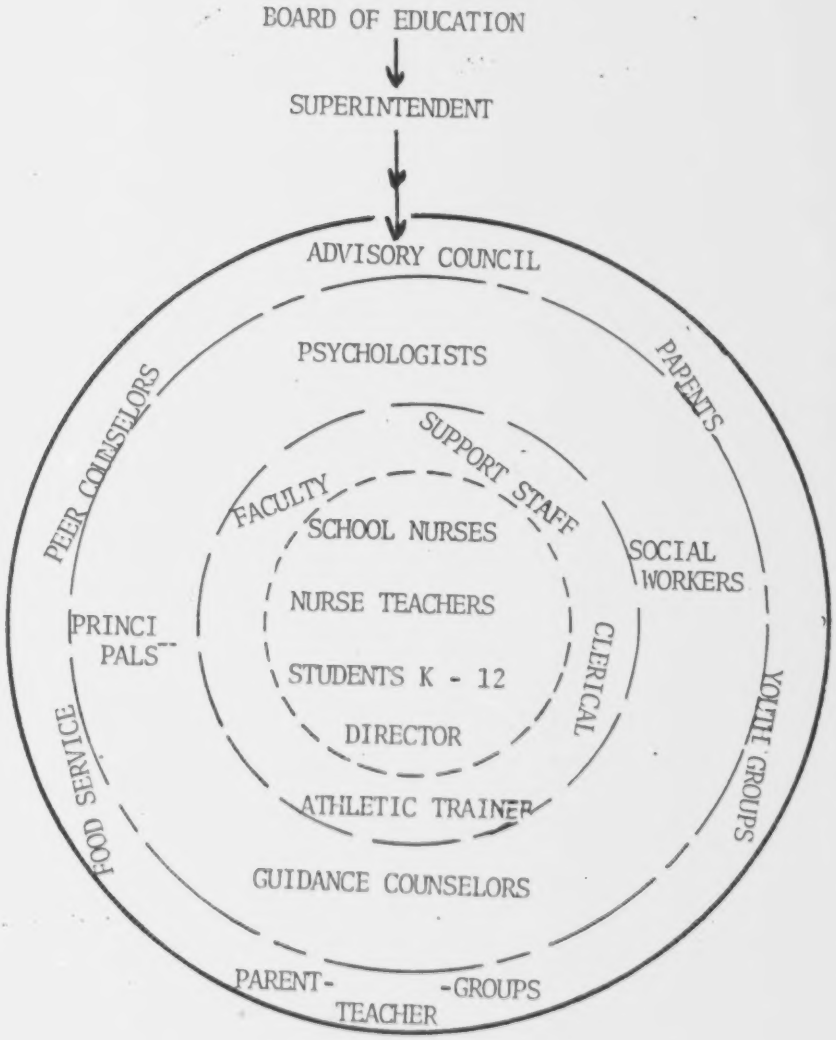

PROGRAMS OFFERED BY A
COMPREHENSIVE HEALTH SERVICE
SCHOOL BOARD
SUPERINTENDENT
PRINCIPALS
SCHOOL BUDGET
GRANTS
LOCAL SUPPORT
HEALTH EDUCATION BUDGET
HEALTH EDUCATION
VISION SCREEN
SCOLIOSIS SCREENING
SCHOOL NURSES
HEALTH EDUCATORS
FLOURIDE RINSE
PRE-KDG. SCREENING
SCHOOL NURSE-TEACHERS
ATHLETIC TRAINER
REFERRAL SERVICES
STUDENTS K - 12
DISTRICT HEALTH DIRECTOR
AUDITORY SCREENING
GUIDANCE
PHYSICAL EXAMS
ADVISORY COUNCIL
PARENT EDUCATION
CHILD ABUSE PROGRAM
COMMUNITY EDUCATION
BOCES HEALTH PROGRAMS
PUBLIC HEALTH SERVICES
CAMDEN CENTRAL SCHOOL DISTRICT

FIGURE III

ESSENTIAL ELEMENTS OF A DISTRICT-WIDE

SCHOOL HEALTH SERVICE

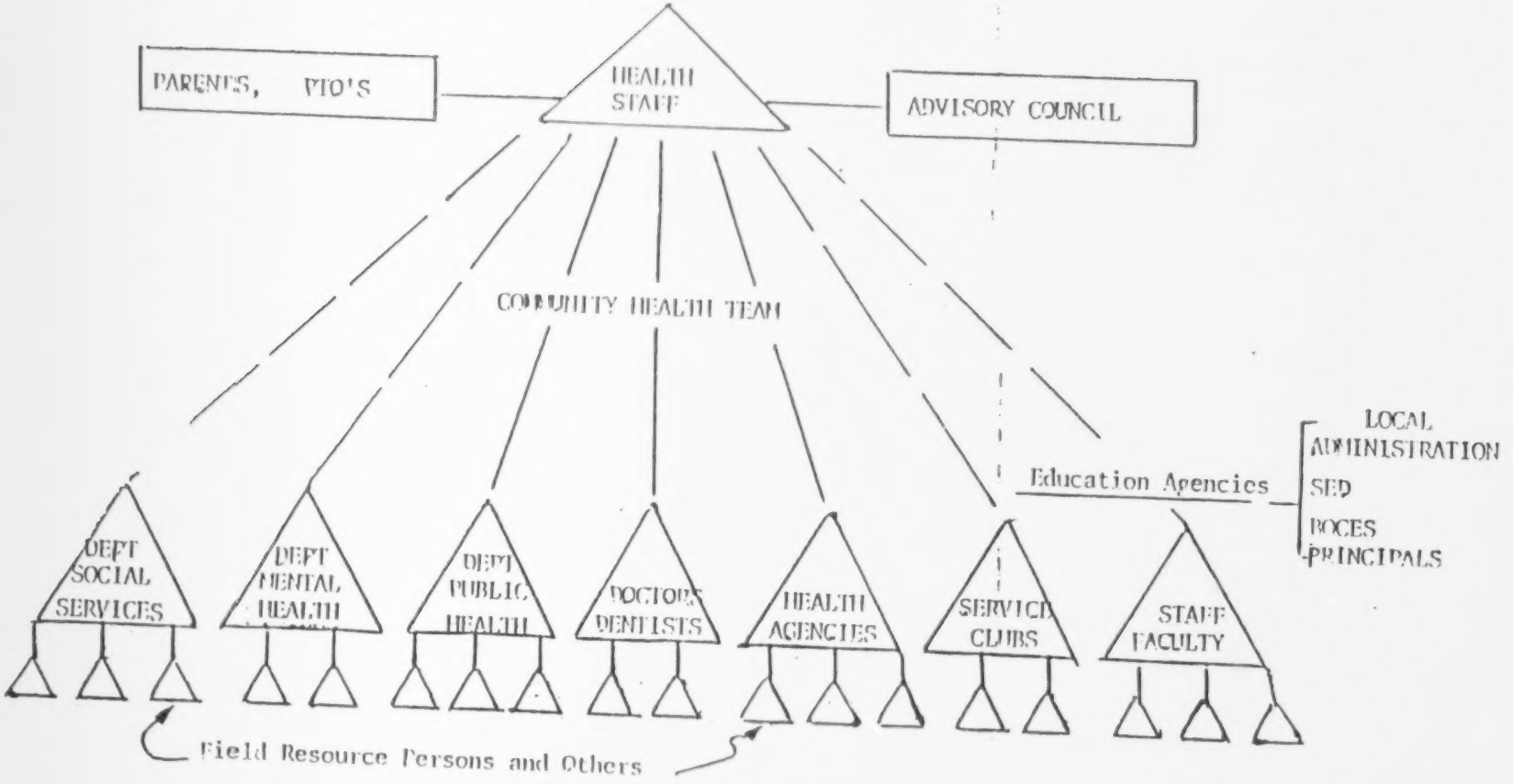


CAMDEN CENTRAL SCHOOL DISTRICT

FIGURE IV

CAMDEN CENTRAL SCHOOL DISTRICT

HEALTH SERVICES PROGRAM ORGANIZATION



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is a definite disadvantage. There is no public transportation available, and the socio-economic level prevent many from obtaining adequate health services even when necessary. Satellite centers for specialized services which could come to Camden and deliver services to local residents are badly needed. Grant money must be located to work with local monies in securing these services.

In the contacts made with the public and private agencies and the service clubs, the messages received was that all have services our students need, and that they wish to work cooperatively with the school district. Public agencies indicate a shortage of funds and trained staff able to provide satellite programs. The services are there as well as the committment; the methods for accessing these services need to be created.

STAFFING RECOMMENDATIONS:

As a part of the assessing process, some ninety school nurses in Oneida, Madison, Herkimer, and Lewis Counties were surveyed in order to determine the local school nurse's role, credentials, and environment. The survey was very helpful in writing new job descriptions for health personnel and in determining the kind and numbers of staff needed to implement a quality program. Further research into the literature, standards for school nursing as developed by the American Nurses Association, and materials obtained from the National Association of School Nurses and the newly organized New York State Association of School Nurses also influenced the staffing recommendations as made to the local Board of Education, (See Appendix C).

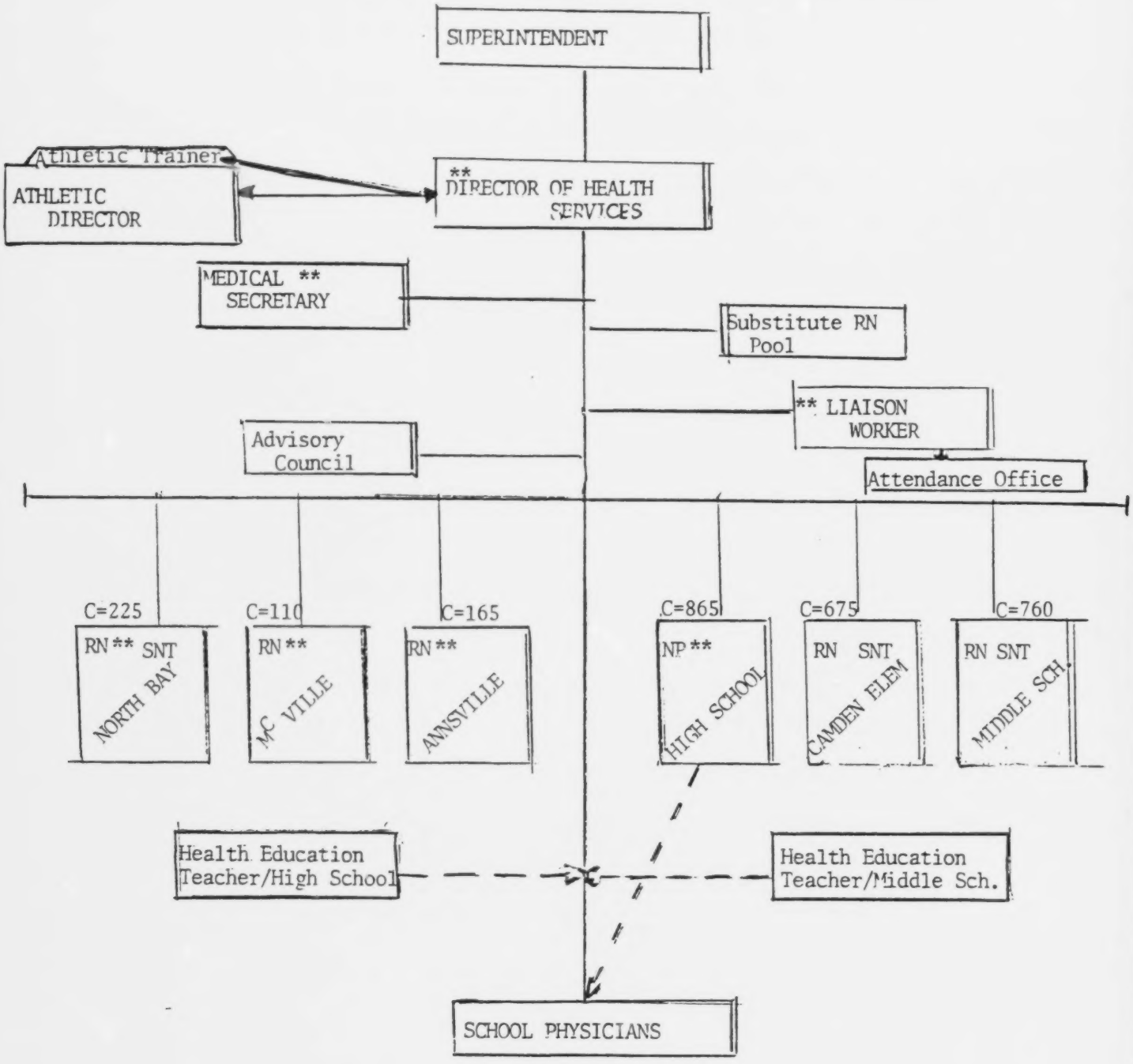
Interviews with local school nurses and administrative personnel caused the decision to support the return of school nurse-teachers to the work force. The mandated AIDS curriculum and the health curriculum at the K-6 grades called for a nurse who was certified to teach in the classrooms, and to also

assist the elementary teachers in preparing lesson materials for health. An AIDS Advisory Council also recommended that any AIDS material in the lower grades be presented by a school nurse-teacher. In May, 1988, a nursing group made up of Deans of Nursing Education and Directors of Nursing Service in a variety of agencies approved a position statement on the use of School Nurse-Teachers which this author had written. It was presented to Regents Emlyn Griffiths and also submitted to the New York State Board of Regents. The document represented the Nursing Practice and Education Committee of Mohawk Valley's resolution that school nurse-teachers should be the nursing professional involved in the schools. The document is in Appendix D.

An Organizational Chart for A Comprehensive Health Service Program at Camden is portrayed in Figure V. It contains two recommendations (1) a School Nurse or School Nurse-Teacher at each school building, regardless of pupil census, and (2) to conform with the Commissioner of Education's Regulations, the appointment of a Health Service Director. Other points are the use of the Athletic Trainer in the total health program, and the utilization of a new health position- Liaison Worker. The latter would be the linkage between the schools, homes and community and would facilitate the solution to attendance, health and social problems through home visits and personal contacts. The expertise of a Nurse-Practitioner, housed at the High School is also recommended. The advantage of this nursing professional who will aid with regular and athletic physical examinations, is to have available within the district, one who has a higher level of clinical skill for both application and reference. In addition, the Medical Secretary is needed badly for implementation of a recordkeeping system, improvement of documentation and for organization of paper and computer files. With such a person on hand, accident reports, insurance forms, and statistical data could be completed in the Health Offices. Nursing personnel would be freed from the paper machine and have more time for nursing.

1988 - ORGANIZATIONAL CHART FOR COMPREHENSIVE HEALTH SERVICE PROGRAM

FIGURE V



CAMDEN CENTRAL SCHOOL

**To be hired.

C - Pupil Census

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PHYSICIAN RECRUITMENT:

Options for employment had to be considered in cooperation with the building program over the next few years for, in most schools, space is limited or non-existant for the health program. Recommendations for employment of the nursing staff reflected several options tied to the building plan. As to physician recruitment, other variables were considered. Two variables were the location of the out-lying schools and the credentials of the physicians. As Nurse Practitioners were ideally to be used, the school physicians views on working with this type of nursing personnel were of interest. Local physicians in Camden, and Cleveland (general practitioners), and Pediatricians in Rome and Oneida were interviewed. All physicians interviewed were asked to comment on the same questions; These were as follows

"What do you see as the school physician's role?"

"How you feel concerning the usage of the Nurse Practitioner?"

"What are your suggestions for improving the school health service?"

"Would you describe your views on what the various physical examinations should entail?"

"How much do you think the school physician should be paid?"

"Are you interested and available?"

Of course, the answers were varied. Some looked upon the role as a public service and though underpaid, suggested that the current fees be raised only a small amount. In fact, the fees had not been raised in ten years. The Pediatricians and Dr. Roy felt very comfortable working with the Nurse Practitioner, one did not, and the remaining M.D. qualified his opinion, saying that he would need to have an accurate knowledge of that person's abilties. There were suggestions for improvement of the service and most were related to the need for privacy, space, an examination table, an aide to assist with handling the little children and control of noise.

Regarding compensation, one MD gave a possible increase list covering the services. The suggested increase is given below and has been since adopted for services rendered by general practitioners.

SERVICE	CURRENT FEE	ADOPTED FEE
Regular Physical	$ 3.00	$ 5.00
Athletic Physical	6.00	8.00
Employee Physical	11.00	15.00
Bus Driver Physical	15.00	20.00 (includes Urinalysis)
Tine Test	1.50	3.00
CSE Physical	10.00	15.00 (includes Urinalysis)
Special Olympics Exam.	10.00	15.00

All Pediatricians and their Nurse Practitioners indicated their availability under a negotiated contract for services. During the interviews, it was determined that no adults would be serviced by Pediatricians, which means that the other Doctors would be used for this group, consisting of kitchen workers, faculty, bus drivers, and other new employees.

Recommendations for employment of physicians were made to the Board Personnel Chairman as follows:

1. For Pediatric services - take one of two options which are:

   a. Negotiate a contract with the Rome Pediatric Group to perform all pupil physicals in Grades K, 1, 3, 7, and 10, annual athletic physicals, special Olympic and CSE physicals with a ceiling of $12,000 placed on the fee or,

   b. Due to physical location, negotiate with the Oneida pediatrician to do the physicals in North Bay and McConnellsville schools and with the Rome Group to do the Taberg and three Camden schools. This reflects the situation where North Bay pupils are transported to Oneida Hospital in case of emergency, and logic says that it would be beneficial to have an Oneida M.D. involved. For Oneida M.D., a suggested fee of $1500 for 335 pupils, and for the Rome Group - $10,500 for2450 pupils.

2. For adult medical services, retain the four local physicians with an assist with pupils in an emergency, or other situations. One physician can be appointed Chief School Physician and to serve on the Committee for Special Education (CSE).

3. Repeat Tine Tests for cafeteria workers can be given by the building nurse who will also be available for reading the tests. The cost of testing materials will be covered by the school food service.

A final recommendation concerning adult physical examinations: all examinations should be returned to the Director or nurse who is to screen for conditions which may present a problem in the future or may need follow-up by a trained health professional in or out of the school. An example of this is blood pressure elevation or diabetes. Once reviewed, the papers are to be sent to Central Office for secured storage.

STANDARDS:

The challenge of organizing and maintaining a quality service which holds to standards established within the department is great. One very successful tool is the maintenance of articulation with like groups. Another mechanism is to establish guidelines for care and operate under job descriptions for staff. Communication up and down is essential as is a monthly (or more often) staff meeting for discussion of mutual concerns. An annual evaluation of activity supported by statistical data identifying what the case load has been is of value to all. Advisor Council input is also valuable to the maintenance of standards.

On the local and state level, it is recommended that staff and Director become members of and attend meetings of the School Nurse Network, Mohawk Valley, and the New York State School Nurse Association. It may be possible as time and resources permit, to affiliate with the National School Nurse Association and other national nursing organizations. Staff meetings are to be held at least monthly.

Standards for care are written and usage of the Guidelines for Emergency First Aid will give the district a consistant level of nursing care in all schools. Attention to SED policies, Board of Education policies and careful

adherence to items in the Procedure book will also assist in the maintenance of standards. All staff will receive written evaluations annually with new staff evaluated more frequently. All evaluations will be approached in a positive mode with self-assessment stressed and a mutual approach to the remedying of any weakness. Inservice for improvement and enrichment will be provided in and out of the district for staff so as to maintain standards.

PROGRAM EVALUATION:

A Comprehensive Health Service Program is composed of ten broad areas, all of which shall be evaluated on an annual basis for determination of achievement, status and need. These ten areas include the following:

- create an environment which is safe and conducive to learning,
- provide appropriate health screening, counseling and service,
- prepare students for decision making, critical thinking and the taking of responsibility for one's own behavior,
- promote health and wellness for students, staff and community,
- develop relationships with other subjects in an interdisciplinary mode,
- develop partnerships with health agencies and practitioners,
- receive input from a school/community Health Advisory Council,
- continue coordination, budget, resources and administrative support,
- maintain services of a fully adequate nursing and support staff who are appropriately credentialed and certified,
- Provide a liaison for maintaining of programs with scope, progression, sequence and continuity from grade K through 12.

Instruments which can measure the above mentioned competence must be created and possibly can be adapted from the National Association of School Nurses, Inc, which has done much work in this area. Local evaluation instruments can also be adopted for this unique health person who practices in a school

setting. The American School Health Association also has model evaluation instruments which can be used when **working** with school nursing practice. Evaluation done annually gives the program and practitioners feedback as to what is being done right and what needs to be worked on.

ADVISORY COUNCIL FOR HEALTH:

Alluded to in the section on Standards is the benefit to the program of input from the Advisory Health Council. An Advisory Council involves citizens in the operation of a part of their school system and serve as a liaison with the interests that they represent. An active and involved group provides two-way communication between educators, students, parents, and citizens. Representing many facets of school and community life, the Council can perform all or some of the following functions:

- provide insight and expertise
- assist with long and short range planning
- obtain supplies and secure resources, plus review budgets
- advise regarding programs, projects and progress
- serve as speakers, write news releases and do public relations
- evaluate health programs and own activities

Currently in existance is the AIDS Committee and a Drug Free School Council which is in the embryo stage. It is hoped that these two existing groups can be combined with the Health Advisory Council thus assuring a cooperative interrelationship and some shared memberships. It is expected that the membership shall be no more than twenty-five (25) and be indicative of student, parent, and community groups. Health educators and nurses will be automatically members.

In the first meeting, the members are to become acquainted, identify the work of the committee, review the program and tentatively approach an

agenda of work for the school year. The Advisory Council will be a valuable asset to the Health Service Program.

ORIENTATION OF NEW STAFF:

A new employee can be overwhelmed when placed into a new work setting without adequate orientation to the position. A planned introduction to the environment, job duties, people and district facilities can result in a satisfied and competent employee who knows what is expected as to job performance and standards of care. It is important to establish rapport with new staff and establish a climate where two-way communication, question and answer freedom and an understanding that the probationary time for learning is in place. An orientation program design for orienting new employees and substitutes to the philosophy, organization and procedures of the Camden Health Service is outlined in Figure VI. This procedure is one step of a plan to maintain Standards of the Service.

STUDENT HEALTH RECORDKEEPING SYSTEM:

A District student record system is established for collecting, organizing and maintaining information about students in an orderly, effective and efficient manner. Health records are a part of the District record system and are to be retained in the school district until such time as they may be legally purged as per the Commissioner's recommendation. (Currently at pupil age of thirty years of age). According to the New York State Education Dept., each Board of Education has the responsibility to

1. maintain for each child a cumulative health record,
2. maintain confidentiality of individual records,
3. and require that health examination and screening results be recorded on approved forms and kept filed in the school.

A student health record provides information about the physical,

NURSE ORIENTATION PROGRAM
FIGURE VI

This program is designed to orient new employees and substitutes to the philosophy, organization and procedures of the Health Service, Camden Central School. It is the responsibility of the new employee to arrange orientation times at the High School, Middle School and each elementary school,

	Instructor / Director	Completed
1. Introduction to School System A. Philosophy of Health Program B. Organization C. Review of Handbook, school locations, schedules, policies, SED policies		
2. School Nursing Procedures A. Vision Screening B. Hearing Screening C. Physical Examinations, all types D. Scoliosis Screening E. Record Keeping 1. Accident Reports 2. Daily Log 3. Referrals 4. Cumulative Health Records 5. Monthly Reports 6. Incidental Forms - passes, etc. 7. Athletic Participation Forms 8. Child Abuse process and Forms F. Immunization Regulations 1. New York State Requirements 2. Recording 3. Annual Review and Report G. Physical Care - First Aid 1. Emergency Procedures, Telephones 2. Routine Care 3. Medication Regulations		
3. Clinical Experience	Nurse/each school	
New employee arranges to visit each school and each visit includes A. Introduction to Personnel B. Tour of Facilities C. Routine or procedures unique to each school D. Observation of nursing activities E. Demonstration & experience in screening pupils F. Experience in first aide & routine care G. Participation in record keeping		
4. Schools Visited - List Names		
5. Employee Interview and job description review.	Director	

CAMDEN CENTRAL SCHOOL

developmental, intellectual, personal, social and environmental factors affecting the student's health and education. Included are

- formal records developed for specific purposes,
- informal records or notes placed in a student's folder,
- records prepared by an outside agency and sent to the school if added to the folder and used by school personnel.

The Cumulative Health Record form is used throughout the student's school years and contains a health history, immunization procedures, medical examinations, screening results, medical progress notes, and flowsheets. It may contain supplementary records such as reports from parents, family physician, dentists, vision and hearing specialists and medical requests for program adaptations.

School health records are legally listed as confidential records. Health record information may be shared with personnel of cooperating agencies with consent of the parent. Students records are available to parents of all students under 18 years of age, and to students and ex-students over 18 years of age.. Confidentiality of records excludes third parties according to the Commissioner's decision.

It is permissable for school nursing personnel to share with pupil service staff and classroom teachers information about health conditions which may affect the student's educational progress. The actual records or copies of records are not shared, only the findings with nurse interpretation.

Confidential lists of students with physical conditions are prepared by the building nurse and distributed to Principals, involved teachers, bus drivers, and certain office personnel. All such lists are to be treated as stated - Confidentially - labeled Confidential and are not to be posted or distributed indiscriminately. Lists are stored in a secured manner.

All information recorded on health records is to be pertinent, factual and objective. Factual material of a sensitive nature which is not relevant to the student's education and which could affect his/her school progress or reputation is to be omitted. Problems such as pregnancy, emotional upsets, child abuse, substance abuse, sexual activity, etc, need to be carefully evaluated for present or future impact before placed in the permanent health record. A separate and secure location for keeping notes of this type may be needed, and notes destroyed once no longer needed.

Referral and follow-up records will be maintained by use of a clipboard kept in each nursing office. Information is recorded when a pupil is first referred to an agency or practitioner for any reason. Once the feedback from the referral is recorded, the information is to be posted on the Cumulative Health Record and/or the student folder as quickly as possible. If feedback is not received within a reasonable time, the nurse is to ascertain the referral outcome from parent or physician.

Recording standards include the following:

- Prompt charting of data
- Use of black ink only
- No use of white-out
- Errors are crossed out with a single black line and initialed.
- Only standard medical or dictionary abbreviations are used.

Use of these five standards are in compliance with legal aspects of charting. Each nurse has the responsibility to do self-audit of records in order to determine thoroughness, reliability and efficiency. The Director will assist in the audit periodically for purposes of maintenance of standards and evaluation of personnel.

FILING, TRANSFER AND DISPOSITION OF RECORDS:

All health records are to be kept in locked files in the school health

offices for accessibility and security. Current cumulative health records are to be kept in special locked files. Supplementary records and reports are kept in manila file folders and filed in standing locked files. All files on graduated students are to be transferred to Central Office storage, and purged following the Commissioner's regulations for each item. The District Clerk will secure Commissioner's approval so must be consulted.

Only copies of the original student health record are transferred to the school district to which a student goes upon written request by that district and the parent. All copies are marked "Confidential".

Nursing personnel will utilize a problem oriented health record format. The four parts of this format include the Data Base data, the active or chronic Individual Problem List, the Initial Plan, and Evaluation. A more complete description of the problem oriented health record is seen in Figure VII. This method of creating a nursing care plan is typical of primary nursing care which is oriented to individualizing patient care.

KEEPING OF THE DAILY LOG AND OTHER RECORDS:

For legal purposes, records must be kept of the client flow through the health office. Called the daily log, this recordkeeping device identifies the pupil, date and time, the chief complaint and the action taken. The mandatory screenings are also recorded on this document which is then used to compile monthly and annual statistics. Such information is prepared for Board of Education information, justification for new services and programs, ordering of supplies and equipment, analysis of health trends and needs and for legal reporting. Documentation of accident information is valuable for completing forms and supplying data to parents, administration and insurance companies. Copies of the Daily Log form and instruction sheet, the Referral Sheet, the Health Service Report sheet for monthly Board of Education reports, are other forms developed for use within the Health Service.

FIGURE VII

THE PROBLEM ORIENTED HEALTH RECORD

The problem oriented health record will be used in its simplest form by nursing personnel. There are four parts to be posted onto the cumulative health form (CHR) via computer or by hand if written records are used. They are

1. DATA BASE which contains the
   a. immunization status - dates, updates and exemptions
   b. screening status of
      1. hearing acuity
      2. visual acuity and includes, color testing, muscle balance, etc.
      3. scoliosis
      4. height, weight, blood pressure, ua, etc.
   c. health history and updated prn
   d. physical examinations as performed
   e. optional data such as accidents, referrals, emergencies, treatments, medication sheets etc.

   * If any data base information which should have been done, but is not, "Incomplete Data Base" should be listed as a problem.

2. The INDIVIDUAL PROBLEM LIST (either active or chronic)
   a. Examples of an active problem is any concern formed from the data base.
      1. Symptom or sign
      2. Lab test
      3. Social situation
      4. Family situation
      5. Educational
      6. Psychological problem
      7. Environmental
      8. Pathology, ie acute tonsillitis
   b. Chronic Problems are lon lasting such as diabetes or deafness

3. The INITIAL PLAN for problem management is in the following format:
   a. Assessment: describe in narrative form, simply
   b. Planning: Use one of 5 approaches to describe your plan
      1. Diagnostic - Get more information
         list steps you will take
         list a target date for completion always.
      2. Therapeutic- List the actions you will take to solve the problem and give the date when it is to be done.
      3. Health Education- Detail your educational plan for student and parent. Give date for completion.
      4. Referral - if indicated
      5. Return visit - be specific (in 2 days, QD, PRN)

EXAMPLE:

DATE	PROBLEM	ASSESSMENT	PLAN
6/3/88	c.c. sorethroat	Hard to swallow, can't eat. T. 102F, Throat red, Tonsils enlarged with exudate, swollen neck glands.	DX: refer to parent stat for MD treatment. Tx. Force fluids, gargle, lozenges, bedrest today Home care slip given, called parent. Return to nurse when afebrile, follow-up, check on meds.

4. EVALUATION: Once the plan is initiated, periodic evaluation of the options taken must be done for determination of effectiveness, closure or development of another option for care.

COMPUTER USE IN SCHOOL HEALTH RECORDKEEPING:

The computerization of health records in a comprehensive health system is an asset to the recordkeeping system. Once the data is entered in the student profile, the nurse, medical secretary or aide only needs to update any changes such as new screenings, immunizations, etc. The practitioner may then search for information about the student such as the status of the student's immunizations, screening tests, referrals, and comments about the student's health.

The computer may be used to prepare student lists, phone lists, emergency information, health reports, annual reports for the state of Board and any category for which action needs to be taken. The operator can interface with the entire student accounting system and print profiles for one student or entire grades. Such a system can save time in managing immunization and test records, track vision, hearing and scoliosis screenings, track athletic physicals and create year end subject reports.

No computer expertise is needed to use the menu driven program of "Dyn-O-Mite", a computerized Student Health Records Program delivered by Patient Medical Records, Inc. of Brownfield, Texas. This is one of several programs on the market today which was looked at during this time. In the interest of accuracy and complete documentation plus the increased nursing efficiency, computer usage is recommended. It should also be backed up by paper files, kept according to the Commissioner's Regulations. Most soft ware on the market runs on IBM-PC, an IBM clone, XT, or is compatible with 512 K Ram. All utilize two floppy disks or a fixed disk and one floppy disk. DOS 2.1 or above is required. The "Dyn-O-Mite sells for $249 on this date and has the capacity to provide unlimited student volume. Depending upon the equipment and program, softwear such as Word Perfect, Lotus and D Base III Sort may or may not be needed. Implementation of a computerized

health record system is strongly recommended throughout the six school buildings located in the District.

HEALTH OFFICE EQUIPMENT AND SUPPLIES:

The building program for the District is looked forward to with anticipation for it will provide new or refurbished health space in the Annsville, McConnellsville, North Bay and Middle Schools. It is hoped that the nursing staff will be consulted when health space is planned and furniture and equipment selected. Colors, lighting, private and quiet space for physical examinations, and room for educational activities are all a part of a pleasant appearing and workable health setting.

The equipment which is on hand has been evaluated for usability and inventoried in preparation for the time when refurbishing will take place. The inventory sheets are designed to facilitate the annual inventory and ordering process. Ordering should be done in sufficient amounts to last the school year and avoid running out of supplies so that re-ordering must be done. A need exists to purchase cots upon which to place ill or injured students, treatment tables for physical examination time, and to provide each clinic with a bathroom, sink with hot and cold running water for the washing of hands. Built-in cupboard space for storage and a cabinet with appropriate first aid supplies is required. A space set aside for the bulletin board, a rack for health brochures and hand-outs, and a table and chairs for students is important. Private places for counseling, to rest when ill or where that physician can perform physical examinations is essential. Refrigeration of some sort must be available in order to have ice packs or other cooling devices close at hand for treatment of injuries.

The Athletic Trainer will manage her own equipment and supply needs through the Physical Education Department may coordinate purchasing through

the Director of Health Services if more economical to order in bulk. Requisitioning for school supplies and forms from all clinics is to be submitted to the Director each Spring for central coordination, which should be preceded by the annual inventory. This inventory total can be compared against the beginning of the school year count in order to note any meaningful difference in totals. The amount of supplies will differ according to school size and the proximity of medical, ambulance, and hospital services. Bee sting kits and other emergency medications prescribed by the family MD for specific individuals and circumstances should be stored separately. Any unusual treatment such as Oxygen administration must be approved by the school authorities and school physician. The SED Health Handbook does permit the administration of Oxygen by school personnel under certain circumstances.

PUBLIC INFORMATION:

There is a public relations plan already in place within the school district. "The Communicator", the school newsletter, is an excellent vehicle for contacting parents and taxpayers about school activities. The Superintendent also writes a weekly column in the local newspaper on school related topics. Health articles can be included. The Director and nurses should make themselves available to present programs to PTOs, service clubs, and other community groups in order to answer their questions, and obtain their support for special projects and routine programs. It is expected that representatives from all of these community groups will be serving on the AIDS, Drug grant, and Health Advisory Councils, all of whom will be responsible for carrying back information to their organizations. Public relations is a two-way street, and information from the community to the health service is also expected. The author sees benefit in the Director and nursing staff writing monthly articles concerning pertinent health matters for publication in the local newspapers. Information about the Flouride Rinse Program, how

referrals are managed, tips about caring for specific minor illnesses or information about over-the counter-medication. The subject material is plentiful for such writing and community reading.

Part of the Drug Grant program is to establish brochure racks in Media Centers in the Middle and High Schools. The racks will be stocked with up-to-date printed materials on drugs and alcohol, legal and illegal. All materials are suitable for student reading, parent use, classroom discussion, teacher planning, and for the writing of compositions. Other health promotion materials will also be available in the nurse's rooms for student use. Public Relations is communication and the provision of printed health materials is part of communicating.

It is conceivable that a Health Fair at the various schools could be presented and that parents would be a part of the activity. Any project which opens the school to the community reinforces communication and the knowledge gained results in positive interaction. The best ambassadors are the nursing staff who are a source of information to family and pupils. Selection of staff who are involved, can communicate with families about their children and understand their role are a positive force in school health and public relations.

SUMMARY:

A summation of what has been planned for the Camden Central Health Service during the previous five months of activity can best be accomplished by addressing the objectives stated on pages two and four of this report.

1. The design of the service is in place, mission statement, goals and objectives are written, and the entire report speaks to the many facets of the health service operation and model. The plan is ready for implementation and continuous development.

2. Following assessment, the components of the service have been identified, analysed, and a plan of action formulated for each component. Examples are the staffing plan, recordkeeping system, Guide for First Aid Emergency Care document, and the establishment of standards for care.
3. An organizational chart has been developed (see Figure V) and proposed job descriptions for Director, school nurse, school nurse-teacher, liaison worker, and medical secretary have been submitted to the Board Personnel committee. Recommendation for nurse utilization and physician recruitment have also been made to the Personnel Committee.
4. A Procedure Notebook, Health Manual II, has been compiled which contains instruction sheets, forms, procedure sheets, and other materials to carry out nursing duties, mandated screenings and daily operation of the health service.
5. Current State Education Department regulations, local Board of Education policies relating to the health service are combined with the newly formulated and Doctor-approved Guidelines for Emergency First Aid into a Health Manual.I
6. A recordkeeping system has been planned incorporating charting procedures, problem oriented documentation, confidentiality policies, the proposed use of computer applications, and a standard for prompt and accurate recording of pupil health data. A system for developing statistical data via a daily log is ready for implementation.
7. As a beginning, a team of three attended the SED sponsored Health Conference at Aurora, N.Y. in late June. School nurse, C. Lundrigan, concentrated on AIDS curriculum, fourth grade teacher, D. French, pursued new ideas for the elementary health curriculum and this author gathered new ideas on drug and alcohol abuse education. The ideas are being discussed, and faculty will be assisted in health related curriculum delivery in some form in the coming school year. The approval for hiring two school nurse-teachers given by the Board of Education for the coming year will help this. Another team will attend next year's Health Conference sponsored by Drug Grant monies. It is suggested that teams from Camden

participate in program implementation training sponsored by SED and which involves Family Life Education and Drug and Alcohol Studies. A home-school-community approach, the training is for a team composed of parents, teachers, administrators, and students. It is offered at the Onondaga-Cortland-Madison BOCES in Syracuse and conducted by a regional SED coordinator.

8. An orientation process for new staff has been developed and will be used in September to orient two new school nurse-teachers, a school nurse and a part-time Director of Health Services. In-service for health staff will be obtained within the District's Superintendent Conference Days and by attendance at the School Nurse Network and the NYS School Nurse Association organizations.
9. Planning for health space in existing and new physical plants has begun and will move forward concurrent with the building program. Research into the ideal setting has been done, and what programs offered need to function has been identified. Beefing up the stock of health supplies and purchase of hearing and vision units along with otoscopes, stethoscopes and blood pressure cuffs was initiated through the budget prepared for 1988-89 school year. A goal is to have sets of screening equipment in each building, eliminating the transporting of same from one building to another for testing. This matches the goal of having one nurse to each school building.
10. A public information delivery system associated with a public relations plan is tentative. It is expected that the drug grant monies will purchase the initial supply of printed materials with other strategies put into place once the new school year has begun.
11. A Health Advisory Council is planned for implementation in September of 1988 and will piggy-back memberships from the Drug Free Schools and the AIDS Advisory Councils.
12. Sets of program evaluation documents are being studied at this time and also include staff evaluations. Further study and sharing with administration is necessary before staff evaluation instruments can be adopted. Program evaluation instrument will be of the check-list variety.

In July, 1988, the Board Health Committee formulated goals for the 88-89 school year. The number one short term goal was to initiate implementation of the Health Service Program plan as developed. Other short and long term goals were stated just as positively for the continued support of this project which in turn will support all District students.

In conclusion, the author wishes to complement the Camden Board of Education and Administration for having the vision and fortitude to approach the school health subject area. In their quest for a quality and holistic educational experience for all students, they have dared to explore an important but generally ignored area of the academic scene. This action was taken knowing that to implement a truly comprehensive health program would take much effort, much time, much money, and in some cases, be met by some opposition.

The funding of this research demonstrated that the Board and Administration recognizes that the comprehensive health needs of students are increasing at a rapid rate and that a child's ability to learn is influenced by his health status. Without a state of wellness, the student cannot learn; and without learning, the student cannot succeed as a citizen in today's complex and ever-changing world.

APPENDIX A

A DISTRICT WIDE SCHOOL HEALTH PROGRAM

PROPOSAL FOR CAMDEN CENTRAL SCHOOL

A DISTRICT WIDE SCHOOL HEALTH PROGRAM PROPOSAL

FOR

CAMDEN CENTRAL SCHOOL

Prepared By:

Mary Lou Park, R.N., Ed.D.
December, 1987

A DISTRICT WIDE SCHOOL HEALTH PROGRAM PROPOSAL

PURPOSE: To plan for delivery a modern centralized health service program for the children of the Camden Central School District. Personnel in Health Services serve pupils in grades K-12 with a goal of helping these children to cope with life outside the classroom in order to cope with life within the classroom.

RANGE OF SERVICES: Services to be provided are multiple and range from state-mandated vision, hearing, scholiosis screenings to the "nice to have" dental prophylaxis. The Health Program is far reaching in dealing with special medical problems and concerns, the handicapped and home and hospital instruction. The Board has put into place policies for child abuse, tobacco, alcohol and drug abuse, AIDS, informed consent and care of the severely injured. The taking of medical histories and the maintenance of cumulative health records and nursing care plans will require a computer driven documentation system.

ORGANIZATIONAL STRATEGIES: A strong centrally organized health program is both cost effective and efficient. Initial tasks to be completed in order to set the stage for this planned system are to

1. develop a general philosophy and mission for the program.
2. assess existing health program components.
   a. Interview school administrators and health personnel.
   b. Determine available resources in school and community.
   c. Evaluate staff, curriculum and existing activities.
   d. Do needs/analysis/audit of elementary teachers, health teachers, and health personnel including athletic trainer.
3. Conduct needs assessment of middle and senior high students.
4. construct standard and special policies and procedures for current services in order to outline school rules and roles in a consistent manner.

5. write goals and objectives (short and long term) for each part of the program framework.
6. review and update district policy and procedure manual for Board approval. Incorporate materials from health and academic education staff, Pupil Support Services, the Board of Education and SED.
7. establish system for review and update of policies and procedures in Health Education.
8. identify receptive social services agencies in Oneida Co. with a goal of making their services available to students.
9. organize and maintain an in-house health steering committee composed of 4-5 health persons.
10. organize and maintain an advisory committee for the AIDS curriculum (short-term) and a community/school Health Program advisory committee (long-term).

DELIVERY OF SERVICES: Major segments of the Health Program are identified as primary. They are Curriculum Development, Staffing Needs, Emergency Health Services, Communication and Documentation, Athletics, Communicable Diseases, and Facilities. Each segment and identified needs are treated briefly and separately. **Indicates staff development required.

CURRICULUM DEVELOPMENT: The health curriculum team led by the Curriculum Director needs input from the health professional who is a primary resource person for this instruction. It is anticipated that there will close linkage between the Curriculum Director, Director of Special Education in developing the Health Education Program. Actions identified for immediate uptake are as listed.

1. Review new health curricula and assist in preparing learning experiences for integration into existing lessons. Assist in developing materials in the "sensitive" areas of health where the classroom teacher lacks knowledge or is unsure.

**2. Do needs analysis/audit of K-5 teachers to determine teacher strengths, knowledge, and concerns. Use audit to plan and present workshops/inservice modules designed

to meet K-5 teacher needs in presenting health instruction.

**3. Write workshop materials and present.

4. Review SED syllabus on AIDS and use all or part when ready.

5. Review existing resource materials for acceptance and appropriateness, including those in building libraries.

6. Conduct search for suitable bits and pieces of materials to support health curriculum. Textbooks are not ready as yet which meet the needs of the new curriculum.

7. Assist in compiling resource lists for all curricula levels.

8. Assist in evaluating and preparing audio-visual materials.

9. Organize and maintain an advisory committee for AIDS to include the religious community. (Doesn't need to be member of clergy, just a rep. from that section of society.)

10. Establish evaluation strategies for each component using state print-out (1975) as a guide. Adapt materials to the evaluation feedback.

STAFFING: A first step is to determine what we have and the capabilities, what is needed in continuing education for updating and what is still needed. Other actions to be taken include these items.

1. Work for the optimum of a health teacher/nurse in every building.

2. Identify the type of staff needed to meet program's needs. - An elementary health teacher? - Clinical nurses with teaching skills?

3. Request, justify and establish a central administrative position for coordination of the district health program.

4. Identify nursing staff qualifications, write new job descriptions to include skill in teaching, curriculum development, decision making, initiative taking, and clinical practice. Orientation to public education and health education for this age group is essential.

** 5. Do needs analysis/audit of existing staff to identify continuing education needs. Secure updating inservices.

A new worker category is of high priority due to the computer component of the documentation system. A medical secretary with computer skills or

a medical assistant who can do both secretarial and clinical tasks. This is a key position, a primary focus for cumulative documentation of nursing care plans, assessment, delivery of care and follow-up using the computer.

EMERGENCY HEALTH SERVICES: All staff are required to render emergency first aid and to treat a victim for shock in the event of a serious injury. The following training will be provided to all staff.

** 1. First Aid classes to be certified or recertified
2. Routine standards for care of ill and injured pupils will be provided for each building health office.
** 3. CPR and Heimlich instruction provided for selected staff.
** 4. Determine needs and develop materials for instruction to those with particular needs in kitchen, busing, Special Education classroom, shops, etc.

Instructors would be drawn from physical education teachers, health education teachers, athletic trainer and nursing personnel. Qualified others may participate also.

COMMUNICATION AND DOCUMENTATION SYSTEMS: These two systems are the keys to the success of a district wide health program. Our multiple school sites located within an extended land area require a polished reporting mechanism coordinated to deliver information up, down, laterally, within and out into the community. Keeping administration aware of what pupil personnel services is doing is facilitated by a central administrator in a position charged with monitoring and reporting daily activites. This leader is also responsible for reporting to other school personnel, parents, non-school health agencies, welfare agencies and the general public.

1. Goal - Develop a computer based documentation system to record student data, K-12. Examples of data logged includes immunization, medical history, screening results, athletic exams, physical exams, referral, follow-ups, etc. A plus is instant retrievability of cumulative data, however, a lock-out code in needed to prevent unauthorized persons from entering the computer and violating the pupil's confidentiality.
2. Documentation enhances service to student and the legal aspects of today's malpractice minded society.

3. Employ a highly skilled medical secretary or medical assistant who will implement the record-keeping computer system. May need to design softwear if none is on market.
4. A plus will be the entering of medication administration, referrals, follow-ups, athletic injuries, nursing care plans for special students, etc.
5. Secure and distribute brochures and other printed materials appropriate for age groups.
6. Plan a health newsletter for students and parents containing helpful hints, articles on pertinent conditions and other information (Dear Nurse column?). Publish 2-3 times a year. Certain items could be placed with the local newspaper.
7. Develop thematic health bulletin boards for use by classroom teachers and nurses on a regular basis.
8. Compile lists of agencies with addresses and phone numbers to use for referral.
9. Establish an annual calendar of scheduled health activities.
10. Create a system for diffusion and dissemination of health related materials in house, and reports in house and out.
11. Hold regularly scheduled health staff meetings.

ATHLETICS (AND OTHER PHYSICAL EXAMS): Review and update policy and procedures on a regular basis and circulate.

1. Write a procedure for physical exams including those done for all students by grade.
2. Document all data from physicals on student's computer file.
3. Implement procedure tracking follow-up for disqualifying condition, identified disabilities, referrals, feedback and document. Involve athletic trainer with this process.
4. Monitor sports injury and implement criteria governing return to play. Document. Involve athletic trainer

**5. Coordinate schedule for all physical exams.

   a. Schedule during summer, all at once in order to keep students in classrooms during school year. Do a sweep operation to catch those missing out on scheduled time.
   b. Plan to bus, use volunteer nurses, and use Pediatricians for screening flagged items.
   c. Conduct vision, hearing and scoliosis screening also.

COMMUNICABLE DISEASES: Develop policies and procedures for the following:

1. Immunizations. Investigate holding immunizations clinics in school in cooperation with the Public Health Dept.
2. Reporting policies, follow-up procedures and documentation of scabies, pediculosis, venereal diseases, mumps, TB, measles, pertussis, hepatitis and chicken pox.
3. Write materials concerning communicable diseases to send home with infected child, and immunizations schedules.

EMPLOYEE HEALTH/SAFETY: A few items to be considered in this area are:

1. scheduling medical exams for teacher & staff. Document.
**2. provide inservices for employees on identified health topics such as AIDS. back injury, mechanics of lifting, drug abuse, blood pressure, etc.
3. Consider doing Blood Pressure check for staff and pupils.
4. Do annual building inspection with insurance carrier, building rep, and health rep.
5. Meet with fire department re fire drills and support service for school accidents and injuries.
**6. Implement Civil Defense regulations.

FACILITIES: In order to determine the adequacy of our health offices in each building and to prepare for the future, the following must be done:

1. Inspect facilities for space, serviceability and privacy.
2. Determine storage needs and student needs.
3. Inventory equipment and supplies. Repair as needed.
4. Identify and order new equipment needed.
5. Set up budget and purchasing plan using school's system.
6. Project needs for future growth and justify.
7. Establish maintenance plan.
**8. Inservice personnel on maintenance, purchasing, inventory.

DROP-OUTS. ETC.: A section on drop-outs has been briefly looked at in order to include pregnancy, sex education, venereal disease and other problems found in grades 5-12. These and related conditions give a glimpse of the broad spectrum of problems potentially handled by a full health education curriculum and health service.

Reasons for dropping out of school are many. A few include

1. low opinion of self, a poor self image.
2. pregnancy - 4 of 5 drop out when pregnant and is the most common reason for girls leaving school. The costs to society is terrific - needed is health care, family planning, infant care, parenting classes, etc.
3. Undiagnosed learning disabilities and emotional problems (5-10% of secondary students).
4. Those unable to function in regular classroom so may need alternative education and strong role models.
5. The drug abuser including alcoholic.

Planning for this student includes identifying those who need help and should be served and determining what assistance is available. One determines the role of community agencies for the school child while determining what is the best treatment. Electing the kind of services students will receive and from whom is helped by the social services in the community. A team effort is the one which works.

EXTRA THOUGHTS: PARENTS: DON'T FORGET THEM. Parents need to be involved in every way.

Are we doing anything for dental health, teaching prevention for most conditions, wellness, etc.?

COMMUNITY: What are our limits? Can we establish a Health Council here, people who can find ways to obtain check-ups, glasses, dental and medical exams, hearing aids, etc.? How can this be developed?

SEX EDUCATION: Surveys show that teens want parents to do sex education, really. Values instilled by parents still are what counts the most. To prevent 1 in 10 from becoming pregnant, and 1 in 7 from contracting a sexually transmitted disease, parents must know the biology and developmental needs of kids so they will be able to do the teaching. This could be a community outreach.

PROJECTED TIME LINE

For the purpose of planning a District Wide School Health Program, a tentative time line covering a six month period has been developed. A number of controllable and uncontrollable variables will impact upon this schedule which will dictate flexibity in carrying out the project. Some categories will require more time, others less time. Overall, the planning for future implementation appears achievable in the time allotted.

# WEEKS	ACTIVITIES PLANNED
1	Orientation and beginning assessment
8	Assessment, interviews in school, district and County, facility review, curriculum, staff, determinations, resources, fiscal, future projections, etc.
4	Curriculum development, AIDS committee and steering committee, written materials, resource search, A-V needs, teacher assessment analysis, evaluation, etc.
2	Staffing, analysis of assessment, new positions, inservice needs and planning, team building, evaluation.
2	Policies & Procedure - Review, organize, originate, update for standard, special and manual materials. Philosophy, mission, goals, & objectives of program.
1	Identify and plan for inservice for elementary teachers, health staff, special groups (CPR, First Aid, Heimlich) and others as indicated.
3	Communication/Documentation: computer applications to include record-keeping design. Printed materials, Newsletter, Bulletin Boards, annual health calendar, staff meetings and distribution process in-house and out.
1	Physical Exams & screenings, policy & procedures, scheduling, operations, Physician review, tracking process.
1	Communicable Diseases: policy and procedure, clinics, reporting and follow-up, Public Health articulation, printed materials.
1	Employee Health/Safety policies and procedures, inservice, physical exams, special needs.
1	Facilities - organization and maintenance of space, supplies, equipment, budgeting, projections for future.

25 weeks plus 1 week for catch-up, reporting out and clean-up.

Mary Lou Park, R.N., Ed.D.
December 15, 1987

APPENDIX B

A STUDY OF SCHOOL NURSES WORKING IN CENTRAL NEW YORK

DEMOGRAPHICS, ROLE, ENVIRONMENT

A STUDY OF SCHOOL NURSES WORKING IN CENTRAL NEW YORK

DEMOGRAPHICS, ROLE, ENVIRONMENT

RESEARCHER

MARY LOU PARK, RN, Ed.D.

CAMDEN CENTRAL SCHOOL DISTRICT
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April 29, 1988

INTRODUCTION

In the Spring of 1988, ninety school nurses in Oneida, Madison and Herkimer Counties located in Central New York were surveyed by this researcher in order to generate data concerning their role, interrelationships, and working conditions. The goal was to formulate a profile of the school nurse as operating today and from this profile, write a job description for the school nurses of Camden Central School District, Camden, N.Y. There were 74 replies to the 90 surveys mailed for a 82% return.

DEMOGRAPHICS:

By category of school, there were 38 elementary schools, six middle schools, and nine high schools. The assignments for mixed pupil populations were two nurses in elementary and high schools, five in junior-senior highs, three working between the elementary and middle schools and five who worked in one building housing elementary, middle and high school pupils.

A current recommendation by the American Nurses Association is to have one nurse assigned to no more than 750 pupils, with a lesser ratio if special populations are included. Recently, school districts have gone to the one nurse, one building stance. In this survey, there was a wide range of ratios reported. The numbers are as follows:

1 school	58 respondents	100 to 950 students served
2 schools	10 respondents	400 to 1,574*students
3 schools	1 respondent	700 students
4 schools	1 respondent	1150*students

*Camden nurses

In this sample, more nurses were assigned to but one building in a district though the number of pupils did exceed the 750 guidelines for some. Twelve respondents covered more than one building and pupils were without the services of a nurse part of the time.

There was a wide range of titles assigned to the nurse, apparently based

upon their standing as faculty, staff or Civil Service employees and who were their bargaining agents. Titles and numbers reporting were:

School Nurse (SN).....40

School Nurse Teacher (SNT).....11

Registered Nurse (RN).....15

Certified School Nurse (CSN..... 1

Nurse Practitioner (NP)..... 1

Health Occupations Coordinator..... 1

Thirty-three indicated that they were considered as staff, seventeen were part of the CSEA unit, and fifteen were listed as faculty. Bargaining agents given were the New York State Union of Teeachers for 36 nurses and the non-instructional personnel claimed by 29. Four listed the Supt. of Schools and three gave the School Board as their agents.

The terms of employment were next addressed. The length of time employed spanned from five months to thirty years. A large majority (62) were on ten month contracts and only two had twelve month contracts; both were certified teachers. Salary ranges were as follows:

Certified SNT (10 mo.).....$26,650 to $34,600

Certified SNT (12 mo.).....19,400

CertifiedHealth/SN (10 mo.).....28,780 to $35,684

Certified Health/SN (12 mo.).....26,544

School Nurse/RN (10 mo.)..... 9,025 to $18,000

- RN/SN - Hourly rate only..... 6.14 to 12.77

The difference in salary paid to the certified SNT or Health/SN who is hired with that title is marked. Again, some working as school nurses held the SNT certification, but were not hired under that title and not earning what their credentials were worth.

The level of professional preparation and the areas of certification as reported follows:

PREPARATION	NUMBER	CERTIFICATION	NUMBER
Assoc. Degree	4	Not certified	57
Diploma RN	47	School Nurse	1
BSN	10	Health	8
BS	9	SNT	7
MSN	2	Sex Education	1
BA	1	Practical Nursing	1
NP	1		

Several held dual certification, had diplomas but had gone on for a degree. A few were currently studying toward the BSN. A few could be SNT certified if they added the six hours of education credits to the Bachelor's degree held. A few indicated that they had been SNT's but that their title had been abolished about fifteen years ago and that they were re-classified as school nurses. Seventeen are teaching formally, and of the 51 not, many stated that they taught occasionally.

WORK ENVIRONMENT

The surroundings in which they work and specifics of the role were next addressed. Thirty-nine school nurses indicated some type of assistance in the clinic office, thirty one had none. The types of assistance were an RN (1), teacher's aide (17), clerical (7), students (5), volunteers (6), LPN (1), and an attendance clerk (1).

Fifty-eight indicated that they had what they needed to carry out their duties. Eleven said they did not and named such items as a phone, long distance line, tissues, more help, a sink, space, bathroom, wheelchair, a quiet room for testing and better materials for teaching health, equipment, etc.

A large majority have access to inservice although two/thirds are not reimbursed for tuition. Teachers use the nurse as a resource person frequently as indicated by 57 noting this. However, the nurse is used less often (29 - yes, 39 - no) for curriculum development. Two/thirds indicated that they did not serve on the Committee for Special Education yet all but nine

ATHLETIC PHYSICALS:

The researcher sought info on the athletic physical as to when it was done, who did it, and what the nursing role was. Doctors did most of the physicals (60 schools), while physician assistants (8) and nurse practitioners (7) did the balance. The predominant role for the school nurse was to coordinate, supervise, schedule, take histories, screen, assess, teach, document, and do referrals and follow-ups. There emerged no clear-cut pattern as to when they were done. May/June, and August/Sept. were popular for football with another time set prior to the basketball and baseball seasons.

Some schools did a large number of physicals for all sports in August/Sept. with the school nurse reviewing all students before each sport began through-out the year. August seemed unusually popular considering that school is out and vacation time and summer jobs vie for the student's attention.

INDIVIDUAL COMMENTS:

Comments made by respondents were numerous, pertinent and expressive. Several long letters were received in addition to lengthy comments written on the back of the survey itself. Very few made no comments. It seemed that the opportunity to speak out, to vent or to have the opportunity to do so was appreciated by this unique group who work in isolation and in a different mainstream than other staff and faculty.

All comments were clustered as to area of concern, and were separated into groups labeled "professional tasks", "non-professional tasks", "needs", "job descriptions", "problems", and "positives".

PROFESSIONAL-TASKS:

"It can be very rewarding, exciting when health and educational faculties join together to work out an IEP for a child with learning difficulties" said one school nurse. Other examples given of their role are listed.

Flouride rinse program,
Health teaching
Serve as social worker
Teaching health classes
Dialysis treatment for student
Physicals for faculty
Schedule and planning physicals
Discussions re students
Speaking for community groups
Referrals for orthopedic cases
Belong to professional groups
Writing curriculum
Committee work
Sponsor Teen FYI program
Attend conferences for school nurses
Write and direct grants
1-1 teaching and counseling,
Resource person for families
Resource person for faculty/staff
Counseling
Physicals for bus drivers& food service
Tine tests for staff and faculty
Screening and history taking
Adaptive physical ed. planning
Menstruation instruction for 5th grades
Referrals for scoliosis, vision, hearing
Become school nurse certified by NASN
Teach formally in classrooms
Arrange health fairs
Screen pre-schoolers
Maintain CPR & First Aid certification
Write health materials for classes

"I take particular interest in teaching cleanliness, nutrition, good health habits, and prevention of colds, smoking and heart disease in the K-3 grades" wrote one school nurse teacher.

NON-PROFESSIONAL TASKS:

Frustration was expressed by many who were pulled away from their school nurse duties for non-professional tasks such as the ones listed below.

Lunch duty
Relieving the office secretary
Attendance recordkeeping
Transporting sick
Covering after school intramurals
Answering main office telephone
Doing student accident claims
Boring and tedious paperwork
Insurance claim forms
Picking up those who missed bus.
Shower duties

"As a professional nurse with a degree and certification, we are still perceived as a bedpan - bandaid - first aid person by general public and academic persons unless they work closely with you and realize the many areas we touch. My faculty does, and is very supportive." wrote one school nurse teacher.

JOB DESCRIPTIONS:

No one seemed happy with the status of their job descriptions whether it was one written by civil service or that there were none written at all. Copies (23) of the job description available were sent, with notations that in all cases, the true role was not covered. Two indicated that they were updating their description now, two said that theirs needed updating and one said she wrote her own when she submitted her annual report to the Superintendent! It is assumed from remarks and lack of copies that the majority work under no job description. One nurse wrote, "I believe we need to work

together to create a job description that is acceptable professionally and adopted uniformly throughout our area."

NEEDS:

In addition to remarks made under specific questions, several gave ideas and needs which indicated that which they would like to do if given the resources and time. A few of the items are found below.

Computer
Expansion of the dental health program
More inservice for nursing
An increase in time for teaching
Local inservice for health topics
More testing equipment
To plan parent forums
Tuition reimbursement for courses
Input into curriculum development
Time for community involvement

PROBLEMS:

As in any occupation, there are problems. A first step in solving the problems is to identify and bring them out for action. The depth of concern is apparent in the field by the problems seen in this small sample.

Poor communication
SED directives do not reach me
Should serve on CSE committee
Limited contact with school MD's
Inadequate, rushed school physicals
Nurse not in building all day, and students lack a professional
SNT's needed for classroom teaching and counseling in today's world
No paid workshops or courses
Want & need to go to conferences
Health insurance not paid for
Low salaries
Not credited with 12 mo retirement for 10 month work as faculty is.
Not paid for "volunteer" work after hrs.
Am Certified SNT, paid as school nurse
No credit given for past experience

Two observations are quoted in their entirety for their pertinence to the school nurse dilemma of mandated services and the increased dimensions of the role.

> "Classroom teachers are having problems teaching such subjects as sexual abuse, AIDS, and sexual practices whether from lack of interest, expertise, or scientific approach. The school nurse teacher should be doing this."

> "The role of the school nurse today is confused and complex. School boards, administrators and teachers have little idea of what a school nurse does. Job descriptions are vague and poorly written. The need for the expertise and skills of the nurse is increasing dramatically, yet many nurses feel hesitant to expand their role. The lack of standards of nurse preparation (RN, BSN, MSN, PNP) for school nursing compounds the problem. A school nurse today can work to exhaustion, or do very little and no one knows the difference!"

POSITIVE NOTES IN SUMMARY:

Ending this report on a positive note is not difficult given the statements made by respondents in the comment section. One SNT wrote, "I am pleased to see some interest shown in the School Health Dept. Program. I wish you success in any endeavor to improve what now seems to exist in most public schools today." Another: "It's nice to see our problems and ideas used to help others, as well as ourselves. I hope that we will finally be respected as professionals." Other comments are quoted.

"I took a nurse assessment course at my own expense."

"I enjoy my work a great deal."

"My teachers do a lot of First Aid saving me for teaching, counseling, and more serious cases."

"Pleased to see interest in school health program."

"Now that I can stay in one building enables me to know children and families so I can work with them more effectively."

"With additional help, I finally have more time to do more counseling and health teaching."

"I enjoy the challenges."

In conclusion, in the author's opinion, the following commentary sums up the role that exists today for those in school nursing. This was written by a nurse who became certified through examination by the National Association of School Nurses, at her own expense and without any additional compensation from her school district for the credential.

"There are frustrating days here, parents who don't seem to care, or who are looking for someone to blame. And teachers who think I'm here to deal with problems they don't want to. I do enjoy it and like my job, you get out what you put into it. I've started the Scrub Bear handwashing program in first grade. With the other district nurses, I organized Jump Rope for Heart this year. Other than the handwashing program, I don't do any classroom 'teaching'. Most of that is on a one to one basis in my office. I do enjoy my job, and most days, it doesn't seem like one."

APPENDIX C

PERSONNEL RECOMMENDATIONS

CAMDEN CENTRAL SCHOOL DISTRICT
PERSONNEL RECOMMENDATIONS FOR COMPREHENSIVE HEALTH SERVICES

RECOMMENDATIONS #1: The matter of wage for the nursing staff must be addressed and a fair wage based upon educational preparations, qualifications, and experiences awarded the professionally prepared practitioner. I request that the school district do as the Clinton and other districts have done, and base salary according to the faculty steps and as a member of the faculty group. The degreed nurse (nursing, education, health) will be contractual and further compensated for additional preparation such as that for the Nurse Practitioner/Clinician. The Health Service Nurse should have a minimum of a BS degree with certification as a School/Nurse Teacher or an educator desired. To find a nurse with these qualifications willing to work at the hourly wage currently paid will be difficult. The nursing shortage will impact upon school nursing without a doubt. RN's hired as substitutes could be paid at a lower rate.

RECOMMENDATION #2: The ideal situation for staffing the service at this time is diagrammed on page 2. The preferred one nurse to each building formula is used. Note that one Nurse Practitioner is sought and placed in the High School with the Medical Secretary. This team may be located in any building, however, space dictates this site for now as does having the Athletic Trainer here. Please check job description for this nurse in regards to athletic and other physicals - also the Medical Secretary's role in this regard. Justification for the one nurse - one building stance has precedence regardless of pupil numbers (Sauquoit Middle, 1-200, Mt. Markham Elementary - 1-165, a Rome Elementary - 1-100).

The role for the liaison worker can be defined, the number needed for the district cannot at this time be identified. However, the paraprofessional is connected to the attendance, nursing and social service offices. A substitute pool for nursing should be established in order to maintain continuity of service during illness, personal days, and when the Nurse Practitioner is in another bldg. with physical examinations.

Justification for the Director of Health Services position is related to the need for Central Office coordination of the six operations, and to facilitate integration of the service into the educational process. The job description is explicit as to the functions to be performed.

RECOMMENDATION #3: Another option would be to hire in the 1988-89 year -
1 Nurse Practitioner for High School,
1 Health Service Director
1 RN for 3 out-lying school or 2 half-time RN's to split the three.
1 Liaison worker
in 1989/90 hire the additional needed RN's and the Medical Secretary

RECOMMENDATION #4: A less desirable alternative is to hire in
1989/89 2 RN's including a Nurse Practioner, and the Health Service Director
1989/90 1 Liaison worker and 1 Medical Secretary
1990/91 2 RN's

Due to the need, Recommendation 2 is strongly advocated as it can quickly and accurately implement needed pupil services. A drawback is the lack of space.

In the future, utilization of paraprofessional Health Aides to cover the offices when the professional is teaching in the classroom can be a safe and economical option, especially if hired on a half-time or as needed basis.

3/88, mlp

APPENDIX D

POSITION STATEMENT ON USE OF

SCHOOL NURSE-TEACHERS

POSITION STATEMENT ON USE OF SCHOOL NURSE-TEACHERS

THE NURSING PRACTICE AND EDUCATION COMMITTEE

OVERVIEW

The comprehensive health needs of school age students are increasing at a rapid rate within New York State. The pressures of a fast-changing society and an increasingly fragile family environment are reflected in health problems now commonly found within school settings. Instances of child abuse, emotional disturbances, infectious diseases, substance abuse and suicide are conditions which the school nurse teacher must address daily. The school nurse teacher is often the primary assessor, planner and implementor of health care for school children in the "first responder" role. State Education Department mandates requiring instruction in Health and AIDS education at the elementary levels create additional teaching challenges for the certifield health practitioner and teacher who is qualified to deliver instruction within the classroom. The school nurse teacher is required to meet student needs as both practitioner and teacher in the dual roles of education for health and health for education.

RATIONALE

A child's ability to learn is influenced by his health status. School nurse teachers are in a unique position to impact on the total health and educational development of the school aged child within the total school health program. The uniqueness lies in the ability to carry out the complexities of the role as a nurse, health maintainer and educator, counselor and creator of a health environment which promotes the learning experience for the child.

As a practitioner in an educational setting, the school nurse teacher utilizes a specialized base of theory and clinical skills which allows movement from illness to health promotion models. School nursing practice requires skills derived from a strong clinical base which is then integrated into the education setting. The ability to conduct a holistic, comprehensive health appraisal is used toward achievement of an educational outcome while promoting health and wellness. The ultimate goal of the professional school nurse teacher is to educate the child to problem solve and make decisions which will allow fulfillment of individual academic, emotional, physical and socail needs.

The Nursing Practice and Education Committee believes that the baccalaureate prepared and certified school nurse teacher is best qualified to provide the specialized care needed by school children. This coincides with the baccalaureate degree as a minimum educational standard for other school professionals and the certification requirements now in place with the State Education Department.

The complex health care needs of today's student require an expanded role most ably filled by the certified school nurse teacher who possesses the advanced assessment and interviewing skills plus the classroom teaching abilities needed to nurture and develop individual differences. The school nurse takes the professional approach to the task, is accountable and evaluates to improve practice. In all judgements made, the professional school nurse teacher thinks as a nurse and a teacher. The nursing process is used to plan care and demonstrate effective practice. In the classroom, the nurse teacher performs task analysis, identifies the learning diagnosis and objectives, decides level of complexity while developing learning strategies and selecting supportive curricular materials, S(he) uses a variety of learning styles while evaluating achievement of student and self.

RECOMMENDATIONS

The Nursing Practice and Education Committee recommend that the New York State Education Law be amended:

1. To require school districts to employ registered nurses with the baccalaureate degree designated as the recommended entry level requirement.

2. To require that school health services be provided by certified school nurse teachers.

3. To require that the professional school nurse teacher's qualifications includes licensure as a registered nurse and a baccalaureate degree in nursing, education, or its equivalent from an accredited college or university with course work which meets State Education Department requirements. The certification for school nurse teacher shall be consistant with the State Education Department's provisional and permanent certification policies for all teachers.

4. To require that registered nurses currently employed in the schools be grandfathered into the school nurse teacher role with a requirement to complete a baccalaureate degree within a time frame established by the State Education Department not to exceed eight years.

5. To require that School Districts provide a sufficient number of professional school nurse teachers to ensure a ratio of one nurse to one building and that nurse to student ratios are 1:400. The American Nurses' Association recommends 1:750 in general school populations; 1:225 in mainstreamed populations; and 1:125 in severely/profoundly handicapped populations.

6. To include a career ladder which would include a Director role and a Nurse Practitioner role. Such positions to be promoted through school districts in order to meet the health promotion and preventive health education needs of the students though leadership, central coordination, fiscal and personnel management, quality assurance, curriculum planning, consulting, advanced practice, counseling, research and teaching services.

5/88 mlp

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APPENDIX E

ASSORTED FORMS

DAILY LOG

The daily log is a record which documents information about each student seen by the school nurse for a health problem. Included in each daily log notation should be the following:

1. Student's name
2. Date, time of arrival and time of departure
3. Health problem by checking under one or more columns or writing in the comments column.
4. If sent home according to school policy. Indicate if student walked home, parent or guardian contacted, etc.
5. If an accident report is required, follow this procedure -
   a. note on daily log
   b. file accident report with school secretary when an injury occurs at school that may need medical attention.
6. In schools which require passes, students should have a pass for admission to nurses' office, notation of time of arrival, departure and Nurses' signature.
7. Check with school secretary regarding variations in school policies especially for sending students home.

The following number codes are to be used on the daily log in order to assist the nurse in compiling the monthly report from the daily log.

Communicable Diseases:		Social Problems		Respiratory Infections		GI Problems Eye/Ear Infect.	
Strep	1	Pregnancy	1	URI	1	Eye	1
Chick pox	2	Runaway	2	Pneumonia	2	Ear	2
Mono	3	Suicide	3	Asthma	3	GI	3
		Child Abuse	4				
		Overdose	5				
		Alcohol/Drugs	6				
		Attendance	7				

Skin Conditions		Screenings Mandates		Others		Accidents	
Scabies	1	Physical	1	Animal Bites	1	Major	1
Pediculosis	2	Hearing	2	Bee Stings	2	Minor	2
Impetigo	3	Vision	3	Diabetes	3		
Athletes Foot	4	Scoliosis	4	Cardiac	4		
Plantars Wart	5			Epilepsy	5		
				Hospitalization	6		
				Surgery	7		
				Orthopedic	8		

1

DAILY LOG SCHOOL: _____

HEALTH ROOM REPORT ON PUPIL CONTACTS

Year

Date	Time In	Time Out	Name Last	Name First	Comm. Diseases	Accidents	Counseling	Resp. Infections	GI Upsets	Eye/Ear/Misc	Skin Conditions	Temp/BP	Scoliosis	Physical Exam	Vision screened	Hearing test	Comments/Actions (chart vital signs)

FOLLOW-UP ON PHYSICIAN REFERRALS

Campus nurse _____ School _____

Name	Grade	Rm	D.O.B.	Date of assessment	Medical problem referred	Physician's diagnosis and recommendation	Date	Disposition of case
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
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22.								
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24.								
25.								
26.								
27.								
28.								
29.								

KEEP ON CLIPBOARD UNTIL ALL REFERRALS ARE FOLLOWED-UP, THEN FILE

TO: Board of Education

SUBJECT: Health Services Report for _____

COMMUNICABLE DISEASE:	MO.	YR.
Strep Infection		
Chicken Pox		
Mono		

IMMUNIZATION:	MO.	YR.
DPT		
Polio		
Measles		
Tetanus		
Rubella		
Mumps		

SOCIAL PROBLEMS:		
Attendance		
Pregnancy		
Runaway		
Suicide		
Child Abuse		
Overdose		
Alcohol/Drugs		

CONDITIONS OF IMPORTANCE:			
Accidents:	Major		
	Minor		
Care Rendered:	Illness		
	Counseling		

RESPIRATORY INFECTIONS:		
URI		
Pneumonia		
Asthma		
Intestinal Illness		

INFECTIONS:		
Eye		
Ear		
OTHERS:		
Animal Bites		
Bee Stings		
Diabetes		
Rheumatic Fever		
Epilepsy		
Hospitalization		
Surgical Operation		
Malignancy		
Orthopedic		

DERMATOLOGICAL CONDITIONS:		
Scabies		
Pediculosis		
Impetigo		
Athletes Foot		
Plantars Wart		

PROGRESS ON PROCEDURES REQUIRED BY LAW OR REGULATIONS:

PROCEDURE		
Annual Exam Phys.		
Audiometric		
Vision		
Scoliosis		
Blood Pressure		

DEFECTS		

PHYS. EXAM DEFECTS:		
Dental		
Heart		
Dermo		
Ortho		

CAMDEN CENTRAL SCHOOL

DISPOSITION OF STUDENT HEALTH RECORDS

The following Commissioner's Regulation is to be used for the disposition of pupil records. In all instances, consult the district clerk for assistance.

HEALTH SERVICE

338. Notification of parent or guardian that a health or dental examination has been made	0 after end of current year
339. Notification of fitness for readmission to school	0 after end of current year
340. Referral memorandum used in health service internal procedure	1 year
341. Copy of annual health service personnel record	6 years
342. Periodic report of school health service	1 year after succeeding report is filed
343. Copy of health, physical education, and recreation annual report, and forms previously used for like purposes	6 years
344. Cumulative pupil health record	0 after individual concerned reached age 3
345. Health examination form completed by other than school physician, whether or not information on form is copied or abstracted and posted to pupil's cumulative health record card	0 after individual concerned reached age 3
346. Health history forms where data have been posted to cumulative pupil health record	6 years
347. Supplementary health records (to cover cardiac cases, etc.) where data have been posted to cumulative pupil health record	6 years
348. Audiometer testing forms and worksheets where data have been posted to cumulative pupil health record	6 years
349. Teacher's record of observation of individual pupil's health status where data have been posted to cumulative pupil health record	6 years
350. Parent's or guardian's signed request and/or consent that a pupil receive immunizations as indicated or be given tuberculin test	6 years
351. Immunization statement furnished at time of school admission by parent or physician specifying types and dates of immunization administered to a child or a statement by physician why a child should not receive a particular immunization, as required by provisions of section 2164 of the Public Health Law	1 year after posting to pupil's cumulative health record if not returned to parent after posting
352. Conservation of hearing report of child for special educational adjustment	0 after individual concerned reached age 2
353. Conservation of vision report of child for special educational adjustment	0 after individual concerned reached age 2
354. Individual pupil health certificate as required by section 903, Education Law	0 after individual concerned was graduated from high school
355. Physician's signed recommendation that a pupil not participate or participate only on a modified basis in physical education class activities or intramural and interscholastic sports (applicable for a maximum of 1 school year)	6 years
356. Approved cumulative 12-year dental hygiene record	0 after individual concerned reached age
357. Nurse-teacher's analysis of absence known to be due to illness	2 years
358. Nurse's log of accidents and illnesses of pupils during schoolday	0 after end of current year
359. Monthly report of school nurse-teacher to local school administrator	3 years
360. Contract with physician, dentist or other medical personnel for services to be provided	6 years after expiration or termination of contract

BEST COPY AVAILABLE

INTERNAL MEDICATION AS GIVEN BY SCHOOL PERSONNEL

Statutory regulations as outlined in the Nurse Practice Act and provisions of State Education Law specifically state that school nursing personnel may not dispense internal medications to school children and to school personnel for the following reasons:

Boards of Education are corporate bodies chartered by the state to provide education to children. They do not practice medicine or dentistry. The practice of medicine or dentistry therefore would place the nurse in the position of making a medical diagnosis and prescribing which is contrary to the education law. The nurse may however make a nursing diagnosis and develop options for implementating based upon that diagnosis.

A. There are times when it is necessary for the student to take internal medication during school hours. Written instructions for first-aid procedures in the school may not include the prescription of internal medications for the above reasons. There are distinctly different circumstances when, under specific regulations, a medication prescribed by a private physician may be administered to a pupil during school hours as a program adjustment to meet student needs.

In order for nursing personnel to cooperate with the family physician and the parents 1. the parent must submit a written request to the school authorities, and 2. the family physician must send with the parent's request, his own request indicating the frequency and dosage of a prescribed medication., why it is ordered, the treatment regime and when the MD will review the case. The requests are to be kept on file in the nursing office.

Once these requests are on file, the school nurse may administer the med. during the school hours. The question of negligence could arise if any personal illness or injury follows the giving of medications when these requirements are not followed.

The nurse must be familiar with the recommended drug, its effects and side effects.

The medication should be delivered directly to the school nurse by the parent.

The medication shall be kept in the nursing office in a locked drawer or file, completely separated from any evergency care supplies.

The school nurse shall evaluate periodically the general procedures for administration of meds and the specific procedure for each individual pupil receiving a medication.

B. PROGRAM ADJUSTMENT TO MEET THE HEALTH NEEDS OF AN INDIVIDUAL PUPIL:
Points to consider are

1. whether the student is able to attend school or should other provisions such as home teaching be provided,
2. to determine that the frequency of dosage demands that it be given during the school hours. If once or twice a day, it should be given by the parents at home.
3. If hourly, it cannot be handled efficiently in the school. PRN medications , those given only as necessary and not at a specified time, also impose problems as to necessity.

C. The methods and administration of the medication must be considered. Oral medications usually are not problem. Those requiring the usage of syringes or needles call for a certificate of need to be file with the Commissioner of Education and with the State Dept. of Health. Safeguards followed relative to the storage, records and destruction of syringes and needles must be followed.

DOCUMENTATION: The student record and medication log is to be charted at once.

MONTH

MEDICATION SHEET

SCHOOL

NAME	MED AND DOSE	TIME	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	M	T	W	TH	F	COMMENTS

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MEDICAL RELEASE PERMISSION FORM

If a child needs medical or surgical care, you as a parent must give permission. IT IS THE LAW.

With this form you can give permission to other adults to act on your behalf in your absence. Please leave this form with the school nurse.

I _____ mother/father or the legal guardian of
print name

_____ hereby give permission for Medical and
student's name

Surgical treatment to be administered to my child and authorize the principal, school nurse, athletic coach, student activity advisor

_____ to act in my behalf.
designee/activity

Please take the time to be very acurate in filling out this form.

Allergies to drugs:

Tetanus immunization:

Family physician:

Office phone:_____ Home phone:_____

Any medical problems:

Medical insurance number:_____

Where we can be contacted: (Please include home and work numbers or if these do not apply a close neighbor or relative where we can reach you.)

Signature of parent or guardian:_____ Date:_____

HEAD LICE INFORMATION LETTER

Dear Parents,

Head lice is a widely misunderstood "nuisance-type" health problem. Head lice can happen to anyone. It is not a sign of poor health habits or of being dirty, and can occur at any age and to either sex. It doesn't just happen to "other people." To learn how to recognize a head lice infestation, how to treat it, and how to prevent it from happening again, please read this.

Head lice are tiny insects that live in human hair. They hatch from small eggs called nits that are attached to the base of individual hairs. The eggs hatch in about 10 days, with the new lice reaching maturity in about 2 weeks. Since head lice multiply rapidly, they should be treated promptly.

Head lice can be passes to others in several ways --by playing "head to head", sharing personal items such as combs, hairbrushes, hats, ribbons, scarves or any head covering. It is important to remind your children not to share these items. A clean head of hair does not prevent a person from getting head lice.

What signs can you see that indicate head lice? Look for persistent itching of the head and back of the neck and for infected scratch marks or a rash on the scalp. ***Look for nits attached to individual hairs. Sometimes, small white specks in the hair such as dandruff can be confused with nits. Nits are very hard to remove, while dandruff brushes away easily.

INSTRUCTIONS FOR TREATMENT AND CONTROL OF HEAD LICE AND NITS.

1. Use a pediculicide such as Kwell (prescription only) or RID (nonprescription). Follwo directions on the bottle exactly.
2. After using the medicine, a vinegar rinse may help to loosen the nits.
3. Nit removal is never easy, but a special fine-toothed comb will help. This comb is purchased at the pharmacy. Check especially at the nape of the neck, above the ears, and under bangs.
4. Household disinfection should be carried out at the same time as the child's treatment. a. Soak combs and brushed for 10 minutes in a pediculicide.
   b. Wash bedding and clothing in very hot water. Dry 20 minutes in a hot dryer.
   c. Nonwashable items such as pillows, blandkets, stuffed animals, caps and jackets should be dry cleaned or placed in a hot dryer for 20 minutes.
   d. Vacuum upholstered furniture and mattresses - make sure you vacuum the cording on mattresses and cushions.
5. Repeat treatment of the hair in 10 days to assure that if any nits have hatched, the lice will be killed before they can lay more eggs.

Please check children frequently and treat them immediately after learning they have lice.
If you have any questions, please call your school nurse. Thank you for your help.

Parent information letter - 6/88 mlp

HEAD BUMP OR CUT

Date_____

Your child received a bump or cut to the head today while in school. He/She seems in good condition at the present time. However, over the next 24 hours, please check for any of the following signs or symptoms and if present, contact a physician or emergency room.

nausea and/or vomiting
drowsiness
unconsciousness
confusion or disorientation
pupils of eyes unequal in size.

Please call the school nurse if you have any questions (during school hours, please.)

5/88mlp

MINOR INJURY

Date _____

Your child had a minor injury today at school. It was cleaned with soap and water, antiseptic, and a dressing if needed. Please continue caring for it in order to avoid infection. Simple cleaning with soap and water and covering with a bandaid should take care of it. Please call the school nurse if you have further questions (during school hours).

Comments by school nurse:

5/88mlp

APPLICATION OF COLD INFORMATION

Cold applications are helpful in reducing swelling and pain of an injury. Please note the following:

1. Cold is not to be used for more than 48 hours after an injury.
2. Ice should be wrapped in a cloth (washcloth) before placing over injury. Do not apply directly to skin.
3. Apply 20-30 minutes 4-5 times a day for no more than 48 hours after injury.
4. See a Doctor if pain or other symptoms continue.

5/88mlp

CONTROL OF COUGH:

Coughing is usually caused by mucus in throat. Water is Mother Nature's cough syrup so force fluids. Licorice and honey have the ability to dissolve mucus and are helpful either plain or in cough drops. A teaspoon of honey in warm tea is soothing. Avoid lying flat in bed at night - use an extra pillow. Sucking on hard candy is also helpful for some.

If cough persists, there is shortness of breath, chest, pain, fever, wheezing or other lon-lasting symptoms take your child to a doctor.

COLDS : Treated, a cold last 7 days, untreated, it lasts 7 days. Try to make your child as comfortable as possible, force fluids,maintain a good diet and have him get lots of rest. For complications, see a Doctor.

SORETHROAT: Provide easy to swallow food, force fluids, rest, hard candy t suck on. If there is fever, swollen glands, earache, see a physician.

5/88mlp

EQUIPMENT AND SUPPLY LISTS FOR ALL SCHOOLS

TITLE	ON HAND	NEEDED
SUPPLIES:		
STERILE GAUZE SQUARES 4x4 3x3		
BANDAIDS SHEER STRIPS, 3/4x3 SHEER STRIPS, 1x3		
TOOTHBRUSHES		
ELASTOPLAST COVERLETS, FINGER TIP		
ABSORBENT COTTON BALLS, NON STERILE		
TONGUE DEPRESSORS		
SELF DISPENSING TAPE 1/2x 180		
CRAMER COLD PACK, small reusable med. reusable		
INSTANT COLD PACK		
FACIAL TISSUES		
PROFESSIONAL TOWELS		
BACITRACIN		
TRIANGULAR BANDAGES AND SAFETY PINS		
COTTON TIPPED APPLICATORS		
UNSTERILE 2x2 GAUZE SQUARES FOR CLEANSING WOUNDS		
SPLINTS (BASSWOOD)		
LIQUID SOAP		
EYE CUPS		
ASEPTO SYRINGE FOR FLUSHING EYES		
ASTROTEMP AND REPLACEMENT BATTERY		
ASTROTEMP SHEATHS		
ZEPHIRAN CHLORIDE SOLUTION 1:1000		
PAPER TOWELS		
PAPER CUPS		
DISPOSABLE PENLIGHTS OR FLASHLIGHTS		
GLOVES, SMALL VINYL MEDIUM LARGE		
KRISTIX		
MEASURING MEDICINE CUPS		
TINE TESTS AND ACETONE SPONGES.		

CAMDEN CENTRAL SCHOOL DISTRICT
Camden, New York

MONTHLY
STUDENT ACCIDENT LOG

Date	Time	Student Name	Grade	Activity: Gym	Activity: Recess	Activity: Ath	Activity: Other	Disposition: RTC	Disposition: Home	Disposition: Hosp	Disposition: Parn	Instructor	Comments	Claim Form Date